



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <u>137357</u></p> <p>2. Committee Name <u>TONY CAIECA</u> <u>FOR County Commissioner</u></p> <p>5. Committee's Mailing Address <u>20738 DUNHAM</u> <u>Clinton Twp. Mi 48038</u> Area Code and Phone <u>586-465-6011</u></p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p> <p>7. Treasurer's Business Address <u>2741 Research Drive</u> <u>Rochester Hills Mich</u> Area Code and Phone <u>(248) 299-7687</u></p>		<p>3. This Statement covers From: <u>8-24-04</u> to <u>10-17-04</u> Mo Day Year Mo Day Year</p> <p>4. Candidate Last Name <u>CAIECA</u> First Name <u>Anthony</u> M.I. <u>J</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>County Commissioner District 16</u></p> <p>4b. County of Residence <u>Macomb</u></p> <p>6. Treasurer's Name &amp; Residential Address <u>Lisa M. CAIECA</u> <u>248 2140 Gardner</u> <u>Berkely Mi 48072</u> Area Code &amp; Phone <u>(248) 635-7477</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone ( )</p>	
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<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11 - 2 04</u> Month Day Year</p>		<p>9c. <input type="checkbox"/> Annual Statement ( Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper <u>Lisa CAIECA</u> Type or Print Name	<u>[Signature]</u> Signature	Date <u>10/17/04</u> Mo Day Year
Candidate <u>Anthony J CAIECA</u> Type or Print Name	<u>[Signature]</u> Signature	Date <u>10/21/04</u> Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137357

2. Committee Name Tony Caleca For County Comm.

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>5700</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$ <u>11,070</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>5700</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>3,306.08</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3,306.08</u>	(23.) \$ <u>7006.20</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>300</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>1,669.88</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>5700.00</u>	
	(15.) = \$	<u>7369.88</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>3,306.08</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>4063.80</u>	



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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137357  
2. Committee Name Tony Caleca For County Comm.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-14-04</u> Name: <u>IBEW Local 58</u> Address: <u>1358 Abbott Det. 48226</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500	1,000
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>9-14-04</u> Name: <u>Asbestos Worker #35</u> Address: <u>32500 W 8th Rd Farmington MI 48336</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200	200
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-20-04</u> Name: <u>Patrick J Dolan</u> Address: <u>32362 Ruchle Ave Warren MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50	50
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>9-15-04</u> Name: <u>SPINKLER FILTERS 704</u> Address: <u>32500 W 8th Rd Farmington Rd 48336</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200	200
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		950	

Enter this total on  
line 3 of Summary  
Page.



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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137357

2. Committee Name Tony Caleca For County Comm.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-6-04</u> Name: <u>Macomb County Dem. Comm.</u> Address: <u>230 North Ave Suite 12, Mt Clemens 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	2,000	2,000
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-3-04</u> Name: <u>SMW Local 80</u> Address: <u>17100 W 12 Mi Rd Southfield Mich 48076</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	250	750
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-8-04</u> Name: <u>UAW Region 1</u> Address: <u>27800 George Merrell Dr Warren Mich 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	2,500	3,000
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	4,750 5,700	

Enter this total on  
line 3 of Summary  
Page.



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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137357

2. Committee Name Tony Galecs For County Comm.

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Lit.</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-1-04</u> <u>9-14-04</u> <u>10-4-04</u>	<u>29.68</u> <u>700.80</u> <u>692.60</u>  <u>1,443.08</u>
Expenditure #2 Name <u>Mass Mailing</u> Address <u>P.O. Box 1249</u> <u>St. Heights Mich 48311</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing Camp Lit.</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-30-04</u>	<u>1,333</u>
Expenditure #3 Name <u>Michigan Dem Party</u> Address <u>230 North Ave Mt. Clemens</u> <u>48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sp. Dinner + Lit.</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-24-04</u>	<u>250</u>
Expenditure #4 Name <u>Royce Channey</u> <u>Obsidian Design</u> Address <u>Det. Mich</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Lit. Design</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-12-04</u>	<u>280</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

3306.08  
3306.08

Enter this total  
on line 8a of  
Summary Page



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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 137357  
2. Committee Name Tony Caleca For County Comm.

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Anthony J Caleca</u>   	4. Type: <u>Loan</u> <u>5-14-04</u> 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$	\$ <u>0</u>	\$ <u>300</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:   	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:   	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$	_____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

300

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

300

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page \_\_\_\_\_ of \_\_\_\_\_